


11. ☐ An Information Disclosure Statement under 37 CFR 1.97 and 1.98.
12. ☐ An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
13. ☐ A FIRST preliminary amendment.
☐ A SECOND or SUBSEQUENT preliminary amendment.
14. ☐ A substitute specification.
15. ☐ Entitlement to small entity status is hereby asserted.
16. ☐ Other items or information:

U.S. APPLICATION NO. (if known, see 37 C.F.R. 1.5)		INTERNATIONAL APPLICATION NO. PCT/JP00/06979		ATTORNEY'S DOCKET NUMBER 112387			
17. <input checked="" type="checkbox"/> The following fees are submitted: Basic National fee (37 CFR 1.492(a)(1)-(5)): Search Report has been prepared by the EPO or JPO\$890.00 International preliminary examination fee paid to USPTO (37 CFR1.482)\$710.00 No international preliminary examination fee paid to USPTO (37 CFR 1.482) but international search fee paid to USPTO (37 CFR 1.445(a)(2))\$740.00 Neither international preliminary examination fee (37 CFR . 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO\$1,040.00 International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(2)-(4)\$ 100.00 ENTER APPROPRIATE BASIC FEE AMOUNT =				CALCULATIONS		PTO USE ONLY	
Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).				\$			
Claims		Number Filed		Number Extra		Rate	
Total Claims		20- 20 =		0		X \$ 18.00	
Independent Claims		2- 3 =		0		X \$ 84.00	
Multiple dependent claim(s)(if applicable)				+ \$280.00		\$	
TOTAL OF ABOVE CALCULATIONS =				\$			
Reduction by 1/2 for filing by small entity, if applicable.				-		\$	
SUBTOTAL =				\$890.00			
Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 month from the earliest claimed priority date (37 CFR 1.492(f)).				+		\$	
TOTAL NATIONAL FEE =				\$890.00			
				Amount to be refunded		\$	
				Charged		\$	
a. <input checked="" type="checkbox"/> Check No. <u>129493</u> in the amount of <u>\$890.00</u> to cover the above fees is enclosed.							
b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.							
c. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. <u>15-0461</u> . A duplicate copy of this sheet is enclosed.							
NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.							
SEND ALL CORRESPONDENCE TO: OLIFF & BERRIDGE, PLC P.O. Box 19928 Alexandria, Virginia 22320							
Date: <u>April 4, 2002</u>							
				NAME: James A. Oliff REGISTRATION NUMBER: 27,075			
				NAME: Thomas J. Pardini REGISTRATION NUMBER: 30,411			